

Special Diet Statement for Children

In coordination with the Child and Adult Care Food Program

Center Name _____

This center is a participant in the Montana Child and Adult Care Food Program (CACFP). This facility is required to serve meals and/or snacks according to federal regulations. Substitution for required foods may or may not result in a change in the required meal pattern. If a child is unable to consume foods due to a special conditions, i.e. medical conditions, food allergies, or disability, it must be documented in writing by a recognized medical professional (i.e. licensed physician, physician's assistant, nurse practitioner, or registered dietician). The medical professional must specify, in writing, the foods to be omitted and foods to be substituted. Your help in providing this information is greatly appreciated.

I have received information about the Health Insurance Portability and Accountability Act (HIPAA) and the privacy of my child's Protected Health Information (PHI). I understand that information regarding my child's food allergy and/or food substitution will be shared with this center's staff and/or a food provider who prepares the food for my child's facility. I further understand that my child's name and food allergy and substitutions will be posted in the classroom and kitchen area to ensure that my child's safety is maintained at all times.

Parent/Guardian Signature _____

Date _____

Today's Date _____

Child's Age _____

Child's Full Name _____

Diagnosis:

Food Intolerances _____

Food Allergies _____

Medical Condition that results in the need to eliminate food(s) – specify condition and foods:

Signature of Medical Authority _____

Date _____

List recommended alternate foods and special instructions for food preparation, if any. Attach a separate sheet of paper, if necessary.

Date child should be re-evaluated _____

Signature of Medical Authority _____

Date _____

Distribution: Original to child's file and a copy to the parent/guardian

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Notice of Use of Protected Health Information

Effective Date: 4/14/2003

Your child's privacy and the protection of his/her health information are important to this facility. Under the Health Insurance Portability and Accountability Act (HIPAA) of 1996, we are required to maintain the privacy of your child's Protected Health Information (PHI) and to provide you with this notice regarding our practices with respect to your child's PHI. This notice describes how your child's medical information may be used and disclosed, and how you can get access to this information. Please read this notice carefully.

This facility may receive PHI from your child's medical providers as part of the requirements of the program or to better meet your child's individual needs while s/he is enrolled at this facility.

This facility maintains an efficient and effective record-keeping system with policies and procedures that provide information about who has access to children's files and the information in them. All staff members who may have access to children's files will abide by our confidentiality policy.

If you think that some of the information on file as PHI is wrong, you may request, in writing, that it be changed or new information be added.

This facility will share information with staff only on a "need-to-know" basis and to perform program duties. The sharing of any PHI is to ensure that your child's health needs are met and their safety is maintained at all times. Any information shared with others is shared only after a Release of Information form is signed by the child's parent or guardian.

This facility will share information which may include PHI with individuals, agencies, and/or teams who oversee this facility for compliance, licensure, and inspections. Examples of these are: the Montana Child and Adult Care Food Program, County/State Health Department(s), and the Montana Quality Assurance Bureau.

This facility allows you to inspect your child's file containing PHI at any time with the assistance of a staff member. This facility maintains a log of all incidences of sharing PHI. You can request and receive a list of where your child's PHI has been shared.

If you have concerns about this Notice, please ask the individual providing it. If that individual cannot answer your questions, please call the Department of Public Health and Human Services (DPHHS) Privacy Officer at 1-800-645-8408.

To file a complaint regarding health privacy violations, write to the 'Secretary of Health and Human Services, US Department of Health and Human Services, 200 Independence Avenue SW, Room 506-F, Washington, DC 20201'. This must be done within 180 days from the date you believe your child's health privacy was violated. You may also call the Office of Civil Rights at 1-866-627-7748. This facility will not retaliate in any way if you file a complaint.

I have been given a copy of this Notice and have been given the opportunity to ask questions concerning how my child's PHI will be used. I know that I can contact this facility's director or the DPHHS Privacy Officer at (800)645-8408 if I have further concerns.

Sign on reverse side